

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE		
						APPLICANT(S)	09/700172		
CLAIMS									
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	*
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						51			
1						52			
1						53			
1						54			
1						55			
1						56			
1						57			
1						58			
1						59			
1						60			
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1						69			
1						70			
2						71			
2						72			
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3						79			
3						80			
3						81			
3						82			
3						83			
3						84			
3						85			
4						86			
4						87			
4						88			
4						89			
4						90			
5						91			
TOT. IND.						92			
TOT. DEP.						93			
TOT. CLAI						94			
S						95			
PTO-100 (3-76)						96			
						97			
						98			
						99			
						100			
						TOTAL IND.			
						TOTAL DEP.			
						TOTAL CLAIMS			

***MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS**

**U.S. DEPARTMENT OF COMMERCE
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